

**Medical Test Consent Form  
Applicant Authorization**

- ***I understand that State and federal Equal Employment Opportunity laws prohibit discrimination based on an individual's medical history.***
- ***I understand that inquiries regarding my current or past medical history are prohibited under federal and state EEO laws unless and until I have received an offer of employment.***
- ***I understand that I will not be asked to submit to a medical examination until I have received an offer of employment.***
- ***I understand that the offer of employment will be contingent upon my ability, with or without a reasonable accommodation, to perform the essential functions of the position for which I have applied.***

Applicant's Name (please print): \_\_\_\_\_

Position Title: \_\_\_\_\_

Date of Contingent Offer of Employment: \_\_\_\_\_

I hereby authorize a qualified physician representing the State of New Hampshire to conduct the required medical test and physical examination.

- I understand that the physical examination is a part of the application process with the State of New Hampshire in the position for which I have applied, and that the offer for employment is contingent based on the results of the physical examination.
- I further authorize the State of New Hampshire's designated physician and/or testing facility to release all relevant test results to the State of New Hampshire agency to which I have applied for employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_